IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-3701 www.iowa.gov/ethics



Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, beguest, or grant

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only

Indexed

Audited

Checked

Date

bequest, or grant.		Computer
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR	GRANT:	
TOWQ JUVENILE HOME Name of Department or Office runch St. Toleo Mailing Address 641484-2560 City, S Area Code & Telephone No. CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	10, TA 52342 State, Zip Code	•
Name Mailing Address (if different from above) DHANUS COANS. STATE, IA. U.S Email Address	City, State, Zip (if different from	
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Criteria to use this form: Receipt of any gift, bequest, or grant that is received by any department of the s	state or received by the Governor o	on behalf of the state.
atement of Affirmation: Affirm that the gift, bequest, or grant reported above nor and assessment of the fair market value (if applicable) is correct and true to the second s	no best of my knowledge.	
Signature	_ 01/02	100

Signature

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR	GRANT:
I owa Juvenile Home	
Name of Department or Office	do. IA 52342
Mailing Address (41) 484-2560 City,	State, Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	
Deb Hanus	
Name	
Mailing Address (if different from above) DHanus(C) ans. state, 1a. US	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
DONOR OF GIFT, BEQUEST, OR GRANT:	
Iowa Juvenile Home Foundation	1
Name	
Mailing Address City, State Zin Code	101061
City, State, Zip Code	Date of Gift, Beguest, or Grant Amount/Value*
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by
Email Address (optional)	receiving department or office. If no value mark "0.00".
Citial Address (optional)	<u> </u>
Provide a description of the gift, bequest, or grant and purpose thereof:	
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Criteria to use this form:	
Receipt of any gift, bequest, or grant that is received by any department of the	state or received by the Governor on behalf of the state.
tatement of Affirmation:	
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affirm that the gift, bequest, or grant reported about and assessment of the fair market value (if applicable) is correct and true to	we is accurate. I further affirm that the information concerning the the best of my knowledge.
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DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics



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Name DDS () Unity Road Toyolo A 52342 Mailing Address City, State, Zip Code 12 20 07 Date of Gift, Bequest, or Grant Amount/Value* "value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". Provide a description of the gift, bequest, or grant and purpose thereof: Do We wald for Christman after form: Criteria to use this form:	med within 20 days of receipt of the gift, bequest, or grant.	Computer
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CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE: Deb Hanus Name Mailing Address (if different from above) DHanus Cans State, 10. US Email Address Area Code & Telephone Number (if different from above) DONOR OF GIFT, BEQUEST, OR GRANT: FAYEWAY Name DONG OF GIFT, BEQUEST, OR GRANT: City, State, Zip Code Area Code & Telephone Number (if different from above) Date of Gift, Bequest, or Grant Amount/Value* "value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". Provide a description of the gift, bequest, or grant and purpose thereof: DW WW WAID Away Chrustman Buth Agray Chrustman Citieria to use this form:	(24/14841- 25/60) City, State, Zip Code	
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Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.	Criteria to use this form:	
	Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor o	n behalf of the state.
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tement of Affirmation:	tement of Affirmation:	
affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.	affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.	e information concerning the

IOWA ETHICS CAND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 2009 JAN -7 AM 19×5(615)281-3701

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filed within 20 days of receipt of the gift, bequest, or grant.	Checked		
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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:			
Tour lucasile ()			
LOWQ Juvenile Home Name of Department or Office Notice Advance St. Toledo TA 52342			
I Mailing Address / All I.A			
Area Code & Telephone No.			
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:			
Deb Hanus			
Mailing Address (if different from above) City, State, Zip (if different from DHanus Can State, Ia. US	above)		
Email Address Area Code & Telephone Numb	er (if different from above)		
ONOR OF GIFT, BEQUEST, OR GRANT:	- (v dinerona nom above)		
Vator Carr			
Name			
130 Penrase St. Avinnell 14 Souls			
Mailing Address City, State, Zip Code	s /		
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and could a relephone number			
mail Address (optional) *value is defined as "fair market receiving department or office. Is	value" of item as determined by f no value mark "0.00".		
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10 handmade Guitted pillows for use as Christin	Val gretts for youth		
Criteria to use this form:	.000		
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor of	n behalf of the state.		
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2003 JAH Fex: (615)281-3701 www.ibwa.goverhics



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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OF	R GRANT:
Lowa Juvenile Home Name of Department or Office rich St. Tole	
Area Code & Telephone No.	Otate, Zip Code
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	
Deb Hanus	
Mailing Address (if different from above) DHANUSCANS.STATE, IA. US Email Address	City, State, Zip (if different from above)
Cinali Address	Area Code & Telephone Number (if different from above)
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CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	
Deb Hanus	
Name Deb Hanus	
Adam di di	
Mailing Address (if different from above)	
DHanus Cans. State, 1a. US City, State, Zip (if different from Email Address	above)
Area Code & Telephone Number	r (if different f
DONOR OF GIFT, BEQUEST, OR GRANT:	(it different from above)
Ticionale //	
Name Rill Roddan	
Ida CTI CI	
Mailing Address October 1975	
City, State, Zip Code	
107	* <i>150</i>
Area Code & Telephone Number Date of Gift, Bequest, or Grant	Amount/Value*
Email Address (optional)	lile" of item as determine to
Email Address (optional) receiving department or office. If r	no value mark "0.00".
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	on the state.
Statement of Affirmation:	
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affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the interest and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.	oformation company is
to the best of my knowledge.	
Nol. 24	
Signature 121 (2)	102108